

CH

07CV 6851

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <p style="text-align: center;">Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph Street, 12th Floor Chicago, IL 60601</p>		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		RECEIVED DEC 11 2007	
		3. Service Type Office of the Attorney General <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7006 0100 0001 7313 6669	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

FILED

DEC 14 2007 *ea*
Dec 14 2007
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT